

FILED

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**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA**

TERESA L. DEPPNER, CLERK
U.S. District & Bankruptcy Courts
Southern District of West Virginia

CALVIN JENNINGS

05581-088

*(Enter above the full name of the plaintiff
or plaintiffs in this action).*

(Inmate Reg.# of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:04-00168
(Number to be assigned by Court)

CORRECTIONAL OFFICER STARGERS

WEST VIRGINIA COUNTY JAIL

*(Enter above the full name of the defendant
or defendants in this action).*

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes No XXX

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. **Place of Present Confinement:** USMCFP, SPRINGFIELD, MISSOURI

A. Is there a prisoner grievance procedure in this institution?

Yes XXX No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes XXX No _____

C. If your answer is YES:

1. What steps did you take? _____

PLAINTIFF FILED STATE ACTION GRIEVANCE

2. What was the result? _____

PENDING INVESTIGATION

D. If your answer is NO, explain why not: _____

III. **Parties**

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: CALVIN JENNINGS

Address: P.O. BOX 4000, SPRINGFIELD, MISSOURI 65801

B. Additional Plaintiffs and Address: _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant STARGERS

is employed as CORRECTIONAL OFFICER

at SOUTH CHARLESTON WEST VIRGINIA JAIL

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

PLAINTIFF WAS ASSAULTED AND PUSHED DOWN TO THE FLOOR

BY DEFENDANT CORRECTIONAL OFFICER STARGERS AFTER TALKING

TO NURSE AND THE PLAINTIFF'S BACK RIGHT SIDE AND WRIST

ON RIGHT ARM WAS INJURED. PLAINTIFF IS STILL TAKING

PAIN PILLS FOR HIS INJURED BACK MUSCLES AND IS IN

PHYSICAL THERAPY FOR HIS BACK WHICH HAPPENED ON

October 9, 2003 AT THE WEST VIRGINIA JAIL.

IV. Statement of Claim (continued):

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

PLAINTIFF SEEKS FINANCIAL COMPENSATION FOR THE INJURY

TO HIS BACK IN ADDITION TO 15,000 DOLLARS IN PUNITIVE

DAMAGES FOR PSYCHIATRIC AND PSYCHOLOGICAL DEPRESSION

AND EMOTIONAL DISTRESS SUSTAINED FROM THE INJURY TO

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V. Relief (continued)

VII. Counsel

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes No xxx

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: PLAINTIFF DOESN'T HAVE ACCESS
TO A PRIVATE ATTORNEY TO REPRESENT HIM IN THIS ACTION.

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes No xxx

If so, state the lawyer's name and address:

Signed this 15th day of JANUARY, 2004.

Cahin W. Jennings
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on JANUARY 15, 2004
(Date)

Cahin W. Jennings
Signature of Movant/Plaintiff

Signature of Attorney
(if any)

WV REGIONAL JAIL & CORRECTIONAL FACILITY AUTHORITY

INMATE GRIEVANCE

NAME John D. Dill DATE 3/1/04

INMATE NUMBER 10-903 POD 1 SEC 1 ROOM 10

TO: Ward 10

GRIEVANCE: ON 10-903 I AM IN 10-903
John D. Dill against CC. Thigpen for
leaving his mail in the Concourse
IN Bldg 10 in my care at 10-903
for the sole of my back No one has
tell me to do I want the INNEY of
my grievance back Robert Dill is
the 10-903 Investigator I don't have a
lawyer
I have 32 WITNESS please RESPOND
THANK'S

John D. Dill
INMATE SIGNATURE

RESPONSE/DISPOSITION

Pls. I have spoken to you in 10-903
the problem is with the Concourse

DATE 3/1/04 SIGNATURE John D. Dill

AFFIDAVIT OF SERVICE

I, Calvin Jennings, do certify that a true copy of
Petition under 42 U.S.C. § 1983 was served upon the below
named individual, by placing said in the United States mail
on this 17th day of January 2004, addressed to:

Respectfully,



Calvin Jennings
Petitioner/plaintiff

United States Attorney
Southern District of West Virginia
300 Virginia Street East
Charleston, West Virginia 25301